



**DEPARTMENT OF THE NAVY**  
DIRECTOR  
MILITARY SEALIFT FLEET SUPPORT COMMAND  
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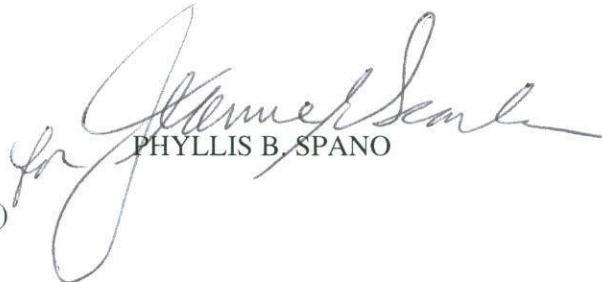
Human Resources Advisory 2010-15

From: Director, Human Resources and Manpower Department

Subj: REIMBURSABLE UPGRADE TRAINING PROGRAM

Encl: (1) MSFSC Training Information Bulletin 02-2010 Reimbursable Upgrade Training Program

1. Enclosure (1) is issued to provide specific guidance on the policy and procedures for civil service mariners interested in the Reimbursable Upgrade Training Program.
2. Military Sealift Fleet Support Command will continue to pursue ways to cultivate, expand and streamline this program and will notify all of any immediate changes or improvements.

  
PHYLLIS B. SPANO

Distribution: (MSFSCINST 5216.1B)  
Lists I and II

**Military Sealift Fleet Support Command  
Training Information Bulletin 02-2010**

**Reimbursable Upgrade  
Training Program**



Prepared By: Military Sealift Fleet Support Command, CIVMAR  
Workforce Development Division, Training Branch

**MAY 2010**

This bulletin replaces MSFSC Training Information Bulletin dtd March 2009.

**MSFSC TRAINING INFORMATION BULLETIN**  
Reimbursable Upgrade Training Program Bulletin

Ref: (a) COMSCINST 12410.11L  
(b) CMPI 410  
(c) CMPI 593  
(d) MSFSCINST 7200.1A

Encl: (1) Training Request/Approval for Reimbursable Upgrade Training, MSFSC Form 12410/2  
(2) Continued Service Agreement, MSFSC Form 12410/5  
(3) Employee Training Agreement, MSFSC Form 12410/1  
(4) Standard Form 1164

1. Purpose. The advancement of professional credentials within the workforce is vital, particularly for credentials required for difficult-to-fill positions. This bulletin describes the procedures, benefit and obligations associated with Reimbursable Upgrade Training, in accordance with references (a) through (d). The program promotes professional development by assisting mariners that successfully upgrade their licenses, document and endorsements while on leave, in return for continued service.

2. Cancellation. Military Sealift Fleet Support Command (MSFSC) Training Information Bulletin, Reimbursable Upgrade Training dtd March 2009.

3. Applicability. Includes training associated with original and upgrades of the following licenses, documents and endorsements:

a. United States Coast Guard (USCG) Deck License: 3<sup>rd</sup> Mate (or higher) Any Gross Tons Upon Oceans.

(1) Mariners desiring to obtain a Third Mate license must meet the following minimum requirements:

(a) Must currently hold an Able Seaman (AB) Unlimited endorsement on both their MMD and STCW credentials or be able to show evidence of having earned enough sea time to meet the requirement.

(b) Must have completed their one year probationary employment period with MSFSC.

b. USCG Engine License: 3<sup>rd</sup> Asst. Engineer (or higher) Steam or Motor Unlimited horsepower.

c. Able Seaman (AB Special, AB Limited, or AB Unlimited).

d. Lifeboatman or Standards Training Certification Watchkeeping (STCW) Proficiency in Survival Craft and Rescue Boats Other than Fast Rescue Boats endorsement.

e. Qualified Member of the Engine Department document.



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4. Benefits. Upon successful completion of the USCG examination(s) and receipt of the license or document, MSFSC will provide the following to mariners approved under this program:

a. Tuition payment - Reasonable tuition and registration fees. Reasonable fees are considered to be at the prevailing industry standard. All required training courses must be pre-approved by MSFSC to ensure eligibility requirements are met. For those personnel approved for the purpose of obtaining a USCG Deck or Engineering License, they will be required to attend MSFSC offered required courses, where applicable, free of charge while in a duty status. Mariners approved into the Reimbursable Upgrade Training Program must obtain and pay for the non-MSFSC courses required for the applicable license endorsement. Tuition will be reimbursed for the pre-approved required training courses upon completion of program.

b. Books - Required text or reference books not provided as part of the course will be reimbursed to a maximum of \$500.00.

c. Excused absence for USCG examinations - Excused absence (restoration of leave, if applicable) will be granted for actual time spent taking the USCG examination(s) up to a maximum of 4 days in accordance with reference (a).

d. Subsistence and Quarters (S&Q) - Cash in Lieu (CIL) of S&Q will be provided for the period covered in paragraph 4.c. above, in accordance with reference (c).

**Note:** Mariners participating in any other upgrade training program under MSFSC's auspices are governed by that guidance.

5. How to apply. Applicants must submit a completed Training Request/Approval for Reimbursable Upgrade Training, MSFSC Form 12410/2, enclosure (1), Continued Service Agreement, MSFSC Form 12410/5, enclosure (2), and the Employee Training Agreement, MSFSC Form 12410/1, enclosure (3), to the CIVMAR Training Branch, N161 Mailbox (MSFSC\_CIVMAR\_TRNG@navy.mil). Mariners should not enroll in any upgrade training where they expect reimbursement until they are officially notified that they have been approved.

**IMPORTANT: MSFSC approval must be obtained prior to starting training.**  
**Pre-approval is essential for reimbursement eligibility.**

6. Selection. Applicants for any MSFSC training program will be given fair consideration in accordance with the selection factors in reference (b), section 5-2 on the basis of merit and experience.

7. Length of Eligibility. Within two years from the date of approval, candidates shall have completed their training and obtained the license, document or endorsement. Only one extension may be granted by the CIVMAR Training Branch (N161) and it will not exceed one year in length. All extensions must be requested by the mariner prior to expiration of the initial agreement. Extensions may not be possible in every case due to operational requirements or resource limitations.

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**IMPORTANT: Participation in the program does not entitle an employee to additional leave between assignments. Employees must obtain their Marine Placement Specialist's approval for all leave, including leave without pay, regardless of their status in this program.**

8. Trainee Agreement/Certification. All mariners accepting reimbursement for upgrade training tuition will sign the Continued Service Agreement, enclosure (2). Trainee agrees to continue MSFSC service for the stated period in the agreement. The continued service time will commence upon the first day in a duty status (non-leave status) upon receiving the upgraded USCG document.

9. Training source. Any USCG approved source in the United States may be used by the mariner. No foreign training sources may be used. Class attendance must be in the United States.

10. Promotion. Participation and success in this program does not guarantee a temporary or permanent promotion.

11. Reimbursement Procedure. Claims for reimbursement must be received in the MSFSC N161 CIVMAR Training Branch within three months from the issue date of the license or document. The MSFSC N161 CIVMAR Training Branch staff will process the SF 1164, enclosure (4), once all required documentation has been received from the employee.

a. Mail claims to:

Military Sealift Fleet Support Command  
Attn: Reimbursable Upgrade Training Coordinator (N161)  
Bldg. SP-64, Norfolk Naval Base  
471 East C. Street  
Norfolk, VA 23511-2419

b. Claims must include:

- (1) a signed SF 1164, enclosure (4),
- (2) a copy of the new license or document with the new STCW Endorsement,
- (3) receipts for course tuition, fees and required books as appropriate,
- (4) copies of course completion certificates.

12. MSFSC Licensed Deck Officer Upgrade Training Program. The procedures contained in the MSFSC Training Bulletin, Licensed Deck Officer Upgrade Training Program, remains in effect for those Licensed Deck Officers who desire direct payment and scheduling of the required upgrade training courses by MSFSC. The program funds attendance at these upgrade courses in a duty status and MSFSC payment is upfront due to the significant cost and time involvement.



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An important requirement of the Licensed Deck Officer Upgrade Training Program is that all required training courses as listed within the bulletin be complete or in process for approval into program.

13. Questions. Questions regarding this program may be addressed to the CIVMAR Support Center (CSC) at [civmar@marinersupport.com](mailto:civmar@marinersupport.com); 1-877-562-7672 or email the MSFSC CIVMAR Training Branch, N161 at [MSFSC\\_CIVMAR\\_TRNG@navy.mil](mailto:MSFSC_CIVMAR_TRNG@navy.mil).

**MSFSC TRAINING INFORMATION BULLETIN**  
**Reimbursable Upgrade Training Program Bulletin**

Serial #: \_\_\_\_\_  
(Office Use only)

Training Request / Approval for  
**Reimbursable Upgrade Training Program**

Name: \_\_\_\_\_ SSN: (Last 4) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request upgrade to the following License/Document/Endorsement:** (Check one)

- ☐ Master of ocean steam or motor vessels any gross tons
- ☐ Chief Mate of ocean steam or motor vessels any gross tons
- ☐ Second Mate of ocean steam or motor vessels any gross tons
- ☐ Third Mate of ocean steam or motor vessels any gross tons
- ☐ Chief Engineer of steam and/or motor vessels unlimited horsepower
- ☐ First Assistant Engineer of steam and/or motor vessels unlimited horsepower
- ☐ Second Assistant Engineer of steam and/or motor vessels unlimited horsepower
- ☐ Third Assistant Engineer of steam and/or motor vessels unlimited horsepower
- ☐ Able Seaman
- ☐ Qualified Member of the Engine Department
- ☐ Lifeboatman/Proficiency in survival craft and rescue boats other than fast rescue boats
- ☐ Other \_\_\_\_\_

**MSFSC USE ONLY**

- |                                      |                              |
|--------------------------------------|------------------------------|
| <input type="checkbox"/> Approved    | Valid until: _____           |
| <input type="checkbox"/> Disapproved | Mariner provided copy: _____ |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSFSC 12410/2

Enclosure (1)

**MSFSC TRAINING INFORMATION BULLETIN**  
Reimbursable Upgrade Training Program Bulletin

**CONTINUED SERVICE AGREEMENT (Rev 2/2010)**

**Note:** This agreement must be signed by the nominee for Government training that exceeds 80 hours (or such other designated period, less than 80 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, and obligation of an employee to pay expenses incurred by the Government in connection with the training.

**CONTINUED SERVICE AGREEMENT**

Employees, who are selected to training for more that a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

*Employee's Agreement to Continue in Service*

**To be completed by applicant:**

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours of each day of training, up to a maximum 40 hours a week).

**NOTE: For the purposes of this agreement the term "agency" refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization)**

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Addition information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR). <http://www.opm.gov/feddata/ghrr/index.asp>.

3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least fourteen working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.

4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.



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## Employee's Agreement to Continue in Service

6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Date: \_\_\_\_\_

Multiply 1 X total 8 hour days of attending upgrade training on leave without pay (LWOP), but in no case less than 30 days.

**Period of obligated Service (EPOS):** \_\_\_\_\_  
Number of Days

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**EMPLOYEE TRAINING AGREEMENT**  
**Reimbursable Upgrades**

**Note:** *Nominees participating in government-sponsored training that exceeds 80 hours (or such other designated period as prescribed by the agency) must sign an Employee Agreement to Continue in Service Agreement.*

1. I understand that the terms and limitations of this agreement are:
  - a. I will attend the upgrade course of my choice (once pre-approved) and pay all costs myself,
  - b. I must accomplish this training, testing and issuance of the license or document within two (2) years from the date of the approval letter,
  - c. Once training is started and it is apparent it will continue over the two (2) year mark established in item 1.b. above, I will request an extension from the CIVMAR Training Branch (N161) to remain in the program (may or may not be approved),
  - d. I must apply for reimbursement to the CIVMAR Training Branch N161 within three (3) months of the license or document issue date,
  - e. Reimbursement will cover the reasonable cost of tuition and registration fees; and books to a maximum amount of \$500
  - f. I must apply for reimbursement to the MSFSC CIVMAR Training Branch N161 for fees associated with obtaining the license, document or endorsement, per MSFSCINST 7200.1(if applicable).
2. I agree to continue in service for the period specified on Enclosure 2 – Continued Service Agreement Form, following my request for reimbursement by the Government.
3. If I voluntarily leave the agency before completing the term noted in Enclosure 2 Item 2, I agree to reimburse MSFSC for all tuition associated with my training.
4. I further agree, if I voluntarily leave MSFSC to enter the service of another Federal agency or other branch of the Government prior to completing the period of service agreed to in Item 2 above, I will give MSFSC written notice of at least fourteen (14) work days. A determination concerning reimbursement will be made during the latter time frame. If I fail to give advance notice, I agree to pay the amount of additional expenses (5 U.S.C. 4109(a) (2)) incurred by the Government.
5. If I fail to meet terms of this agreement, any amount due the government may be withheld from monies owed me by the Government, or may be recovered by other legal means.
6. I acknowledge this agreement does not, in any way, commit the Government to continue my employment nor does my successful completion and attainment of the license or document guarantee promotion within MSFSC. I understand if there is a transfer of my service obligation to another Federal agency (or any other government agency), obligations incurred under this agreement are valid until I complete the one-year continuous service contract with the other agency or organization.
7. I am not receiving any contributions, awards or payments in connection with this training from any other government agency or non-government organization. In addition, I will not accept such without obtaining approval from the CIVMAR Workforce Development Division Head.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Last four of SSN

\_\_\_\_\_  
Date Signed



MSFSC TRAINING INFORMATION BULLETIN  
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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OF ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE		2. VOUCHER NUMBER				
		MSFSC						
				3. SCHEDULE NUMBER				
Read the Privacy Act Statement on the back of this form.								
4	A. Name (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY			
CLAIMANT								
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.					
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show. (h) the number of additional persons which accompanied the claimant)								
DATE	CODE	Show appropriate code in col. (b)		Mileage Rate	AMOUNT CLAIMED			
		A - Local Travel			MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCELLANEOUS
		B - Telephone or telegraph, or						
		C - Other Expenses (Itemized)		NO. OF MILES				
		(Explain expenditures in specific detail)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
If additional space is required, continue on the back		SUBTOTAL CARRIED FORWARD FROM THE BACK						
7. AMOUNT CLAIMED (Total of cols. (f), (g), and (i).)				TOTALS				
8. This claim is approved. Long distance calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.				
Sign Original Only				Sign Original Only				
Sign Original Only						DATE		
		DATE	CLAIMANT SIGN HERE					
APPROVING OFFICIAL SIGN HERE			11. CASH PAYMENT RECEIPT					



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				a. PAYEE (Signature)		b. DATE RECEIVED			
9. This claim is certified correct and proper for payment <i>Sign Original Only</i>						c. AMOUNT			
		DATE				\$			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE				12. PAYMENT MADE BY CHECK NO.					
ACCOUNTING CLASSIFICATION									
1164-210-07									
STANDARD FORM 1164									
4		A. Name (Last, first, middle initial)			b. SOCIAL SECURITY NO.		5. PAID BY		
CLAIMANT	0								
	c. MAILING ADDRESS (Include ZIP Code)			d. OFFICE TELEPHONE NO.					
	0								
	0								
	0								
6. EXPENDITURES (CONTINUED) (If fare claimed in col. (g) exceeds charge for one person, show. (h) the number of additional persons which accompanied the claimant)									
DATE		Show appropriate code in col. (b)		Mileage Rate		AMOUNT CLAIMED			
	CODE	A - Local Travel				MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCELLANEOUS
		B - Telephone or telegraph, or							
		C - Other Expenses (Itemized)							
		(Explain expenditures in specific detail)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971. E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulator investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the firing or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service.									
Your Social Security Account Number (SSN) is solicited under the authority of the internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.									